STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

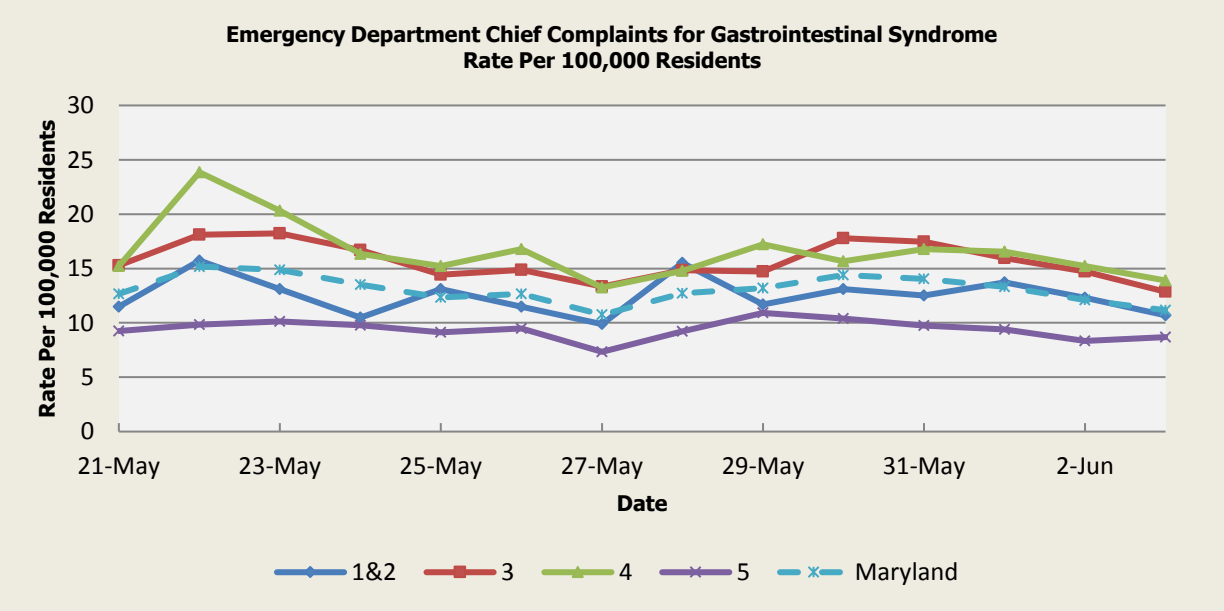
June 09, 2017

Public Health Preparedness and Situational Awareness Report: #2017:22 Reporting for the week ending 6/03/17 (MMWR Week #22)

CURRENT HOMELAND SECURITY THREAT LEVELS
National: **No Active Alerts**
Maryland: **Level Four (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health and Mental Hygiene; 2017.

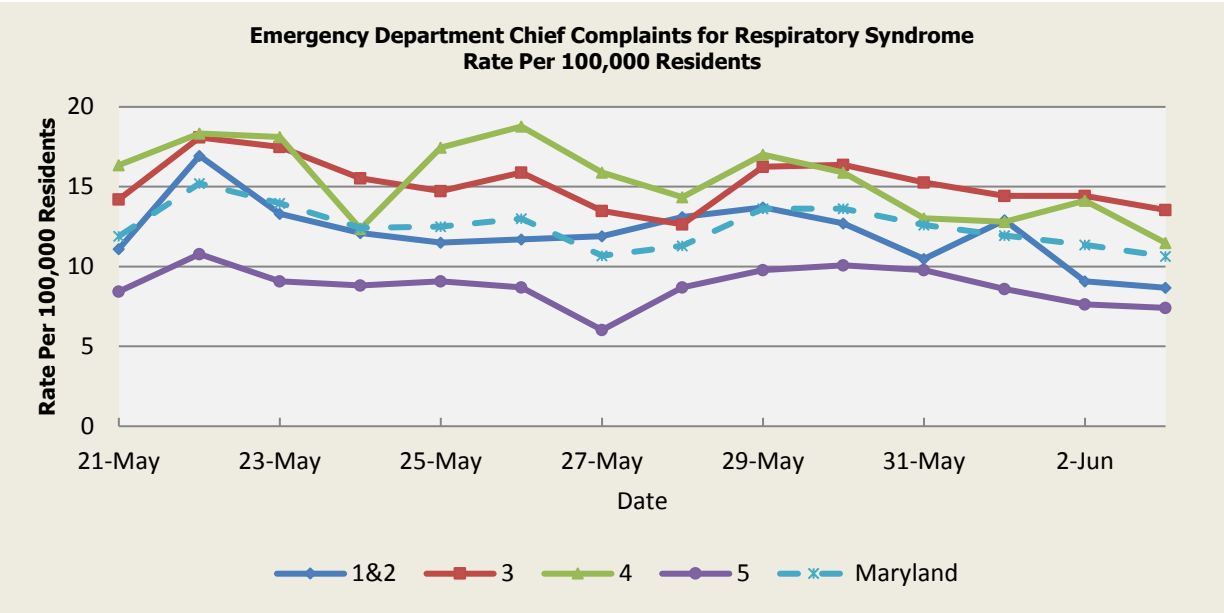


There were no Gastrointestinal Syndrome outbreak reported this week.

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.75	14.92	15.23	10.17	12.94
Median Rate*	12.91	14.80	15.02	10.22	12.95

* Per 100,000 Residents

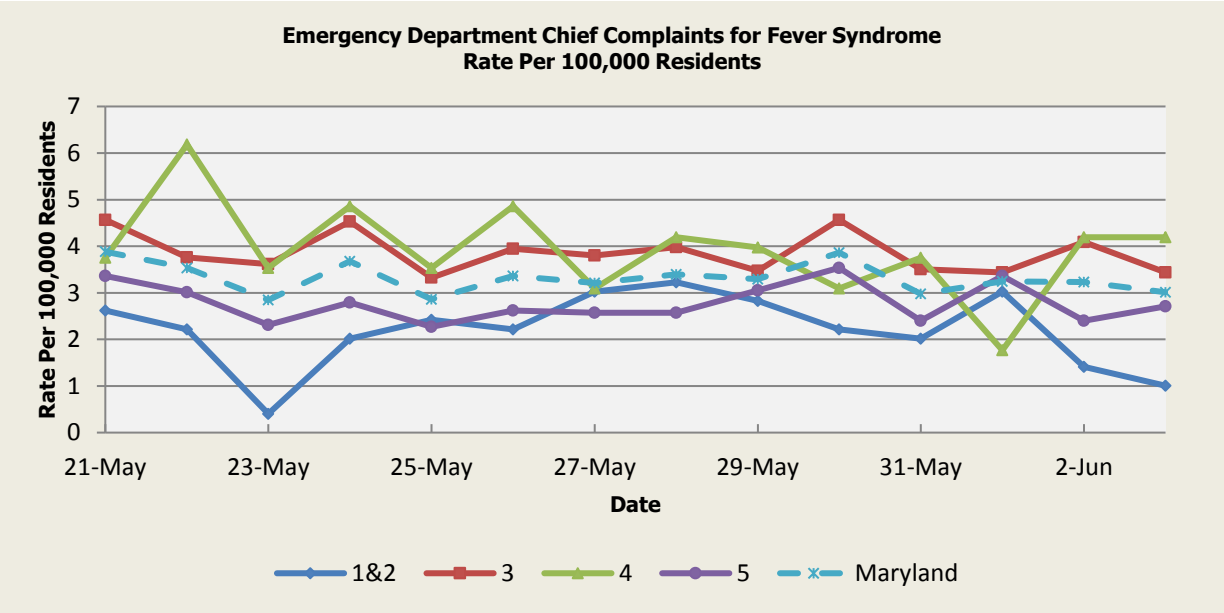
201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov



There were two (2) Respiratory Syndrome outbreaks reported this week: one (1) outbreak of ILI/Pneumonia in a Nursing Home (Region 3); one (1) outbreak of Legionellosis in a Nursing Home (Region 3).

	Respiratory Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.90	14.27	14.16	9.83	12.36
Median Rate*	11.70	13.88	13.91	9.65	12.05

* Per 100,000 Residents

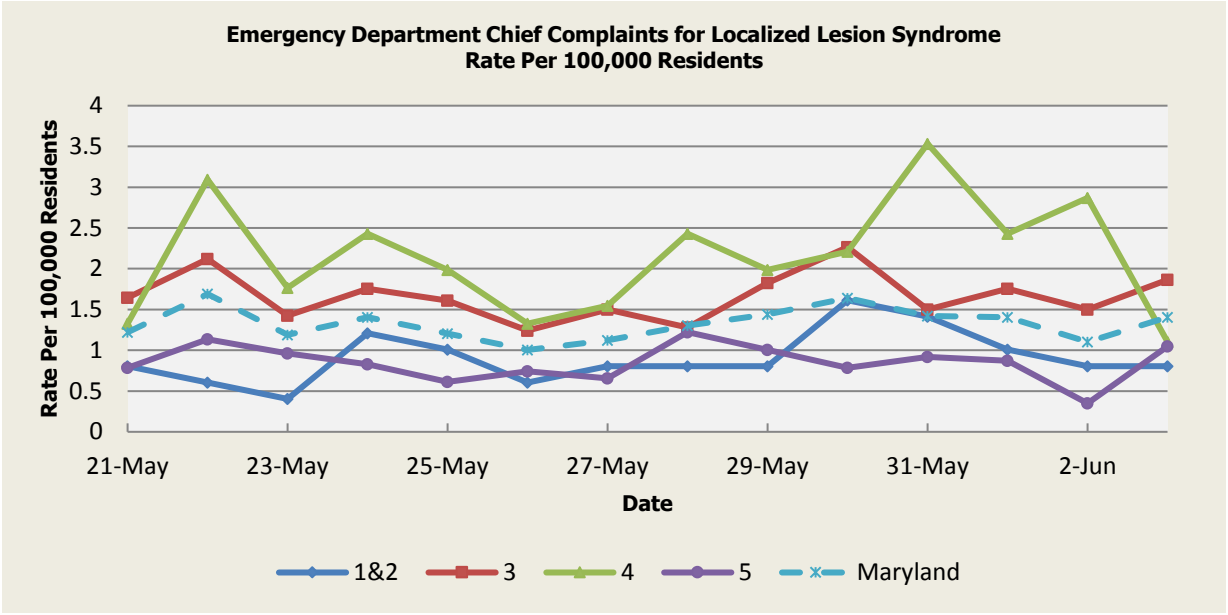


There were no Fever Syndrome outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.99	3.82	3.93	3.04	3.46
Median Rate*	2.82	3.76	3.75	2.97	3.40

Per 100,000 Residents

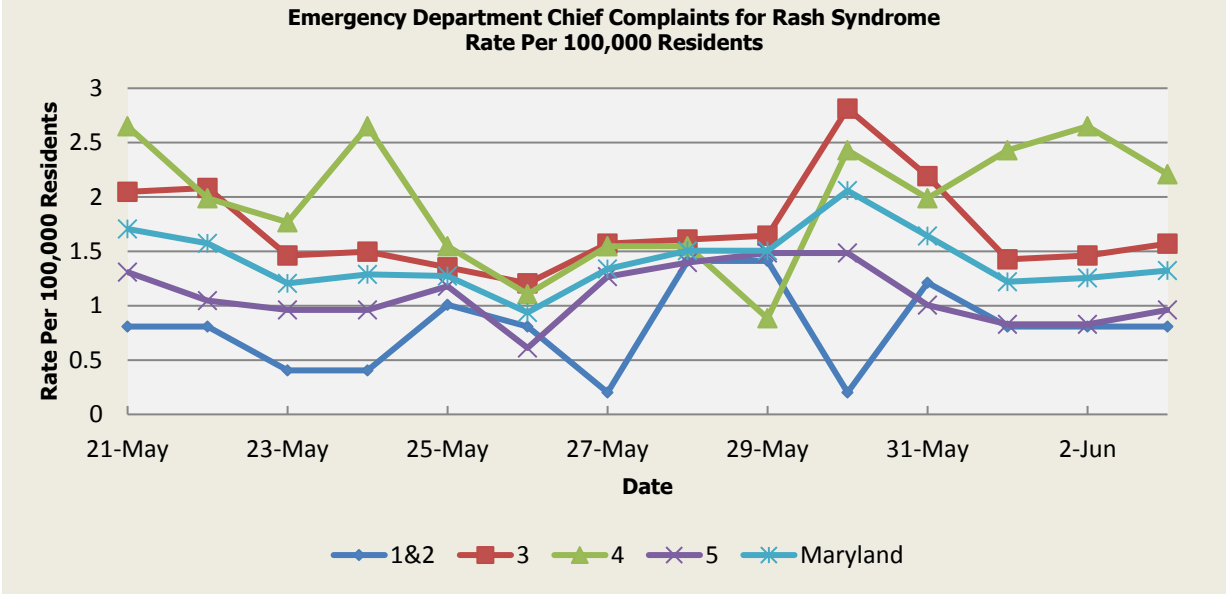
201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov



There were no Localized Lesion Syndrome outbreaks reported this week.

	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.03	1.87	2.00	0.95	1.46
Median Rate*	1.01	1.83	1.99	0.92	1.42

* Per 100,000 Residents

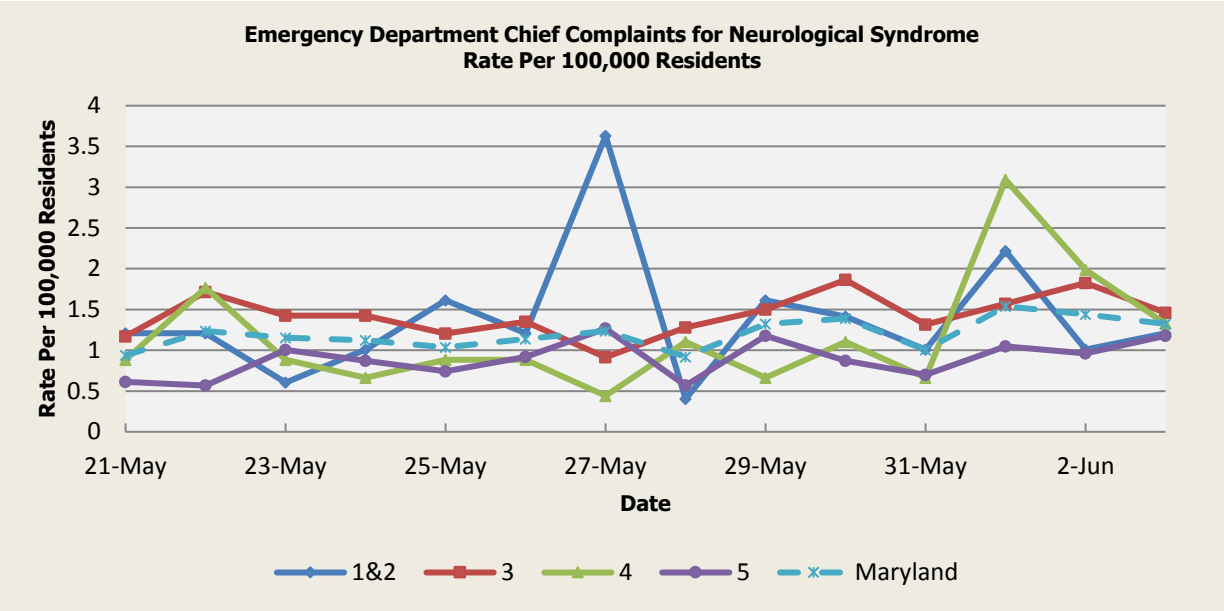


There were no Rash Syndrome outbreaks reported this week.

	Rash Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.90	14.27	14.16	9.83	12.36
Median Rate*	11.70	13.88	13.91	9.65	12.05

* Per 100,000 Residents

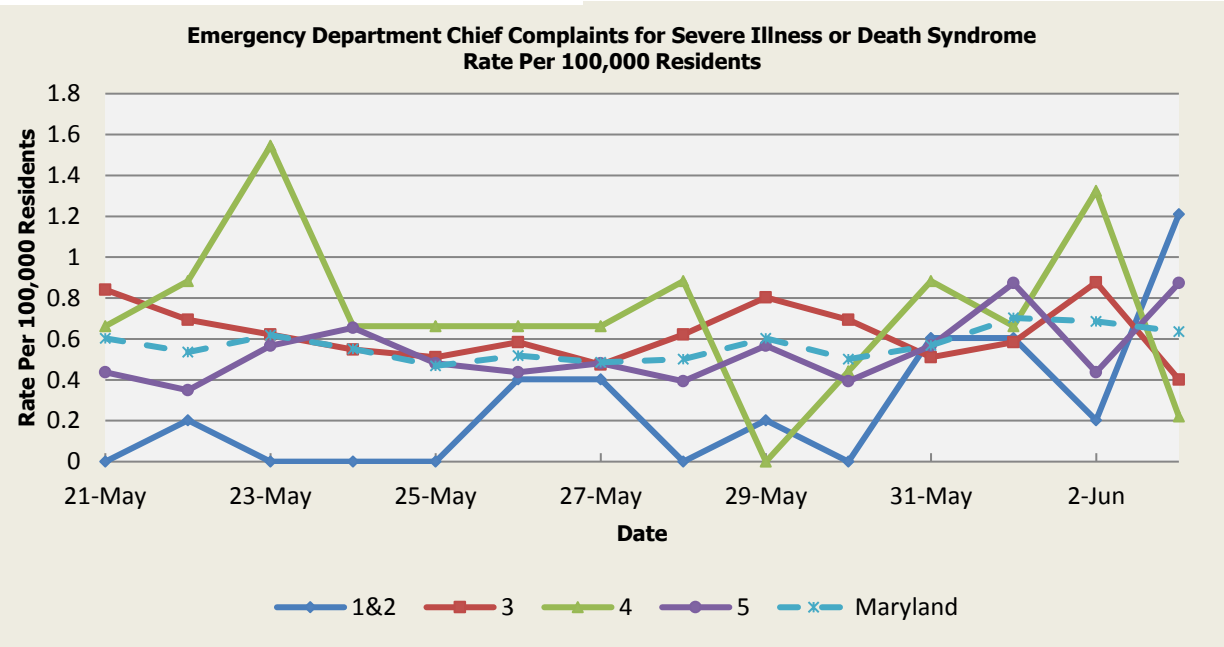
201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov



There were no Neurological Syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.64	0.79	0.68	0.50	0.66
Median Rate*	0.60	0.69	0.66	0.48	0.59

* Per 100,000 Residents



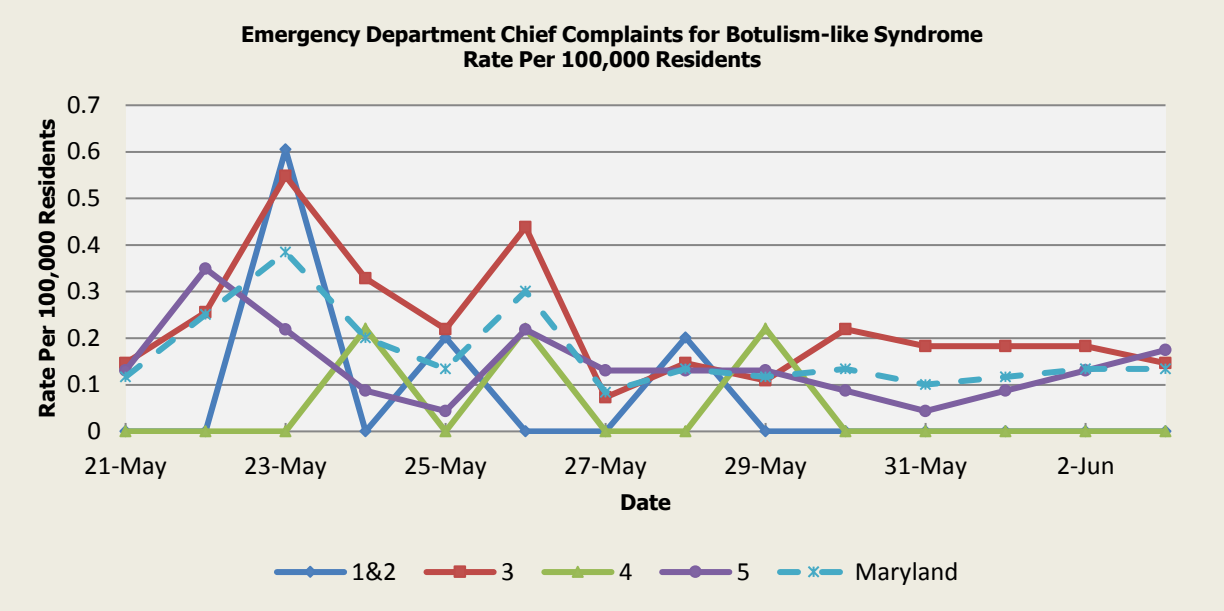
There were no Severe Illness or Death Syndrome outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.64	0.91	0.80	0.45	0.70
Median Rate*	0.60	0.91	0.66	0.44	0.70

* Per 100,000 Residents

201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

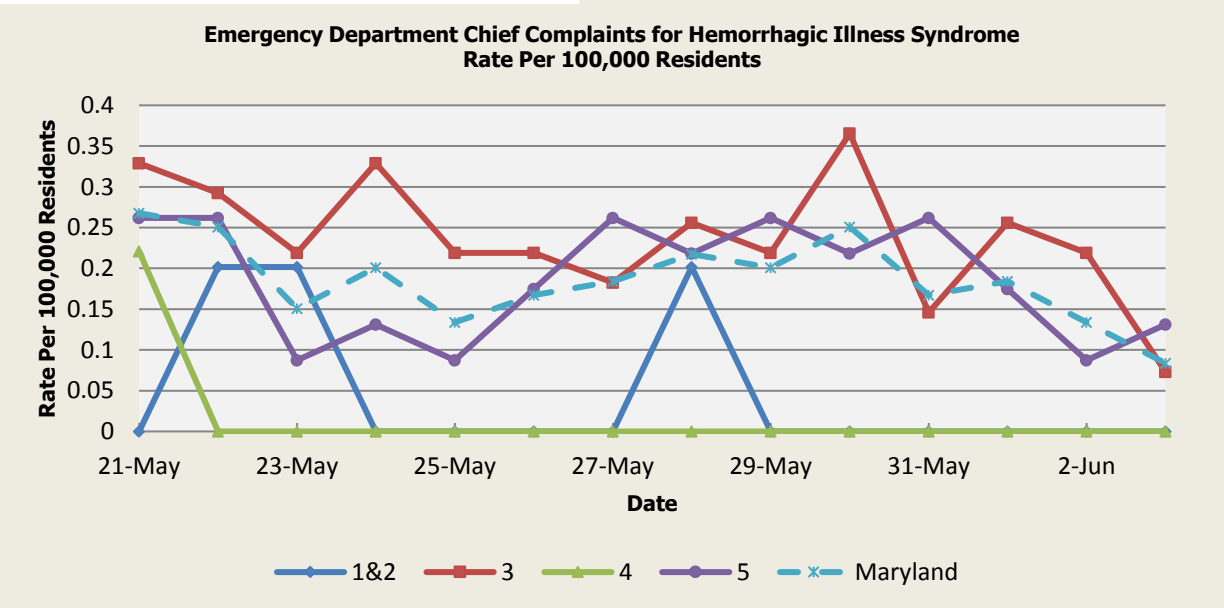
SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 05/21 (Region 5), 05/22 (Regions 3,5), 05/23 (Regions 1&2,3,5), 05/24 (Regions 3,4), 05/25 (Regions 1&2,3), 05/26 (Regions 3,4,5), 05/27 (Region 5), 05/28 (Regions 1&2,5), 05/29 (Regions 4,5), 05/30 (Region 3), 05/31 (Region 3), 06/01 (Region 3), 06/02 (Regions 3,5), 06/03 (Region 5). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.09	0.04	0.06	0.07
Median Rate*	0.00	0.07	0.00	0.04	0.05

* Per 100,000 Residents

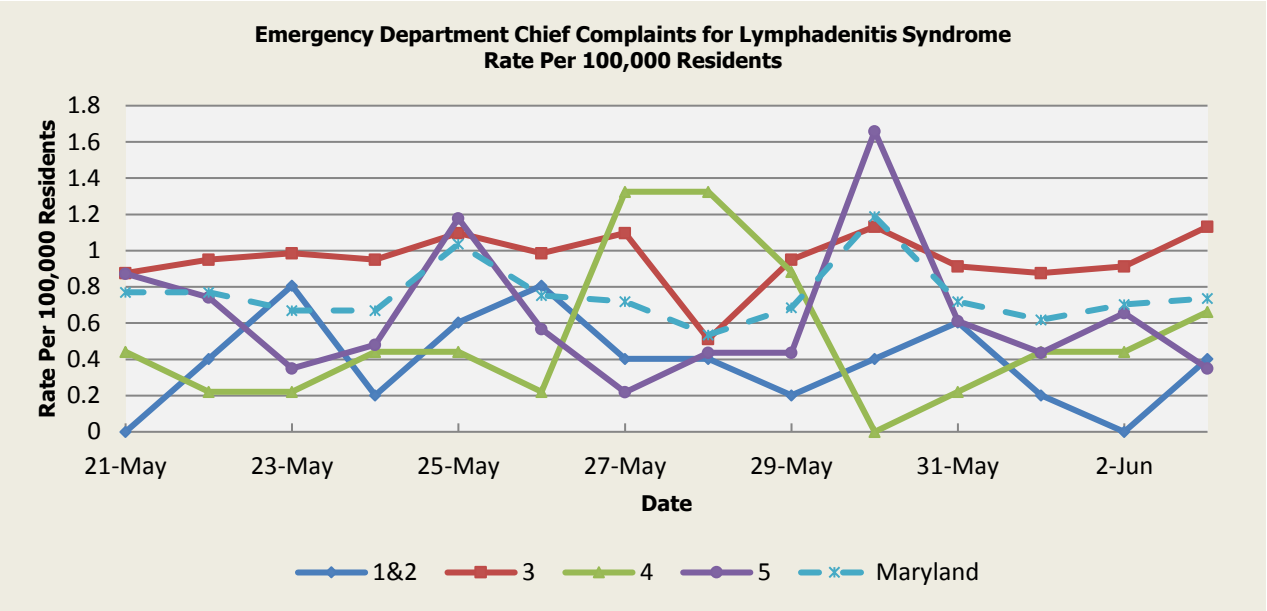


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 05/21 (Regions 3,4,5), 05/22 (Regions 1&2,3,5), 05/23 (Regions 1&2), 05/24 (Region 3), 05/27 (Region 5), 05/28 (Regions 1&2,3), 05/29 (Region 5), 05/30 (Regions 3,5), 05/31 (Region 5). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.13	0.03	0.09	0.10
Median Rate*	0.00	0.04	0.00	0.04	0.05

* Per 100,000 Residents

201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 05/21 (Region 5), 05/22 (Region 5), 05/23 (Regions 1&2), 05/25 (Region 3), 05/26 (Regions 1&2), 05/27 (Regions 3,4), 05/28 (Region 4), 05/29 (Region 4), 05/30 (Regions 3,5), 06/2 (Region 5), 06/3 (Region 3). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.31	0.52	0.34	0.31	0.41
Median Rate*	0.20	0.40	0.22	0.26	0.33

* Per 100,000 Residents

MARYLAND REPORTABLE DISEASE SURVEILLANCE

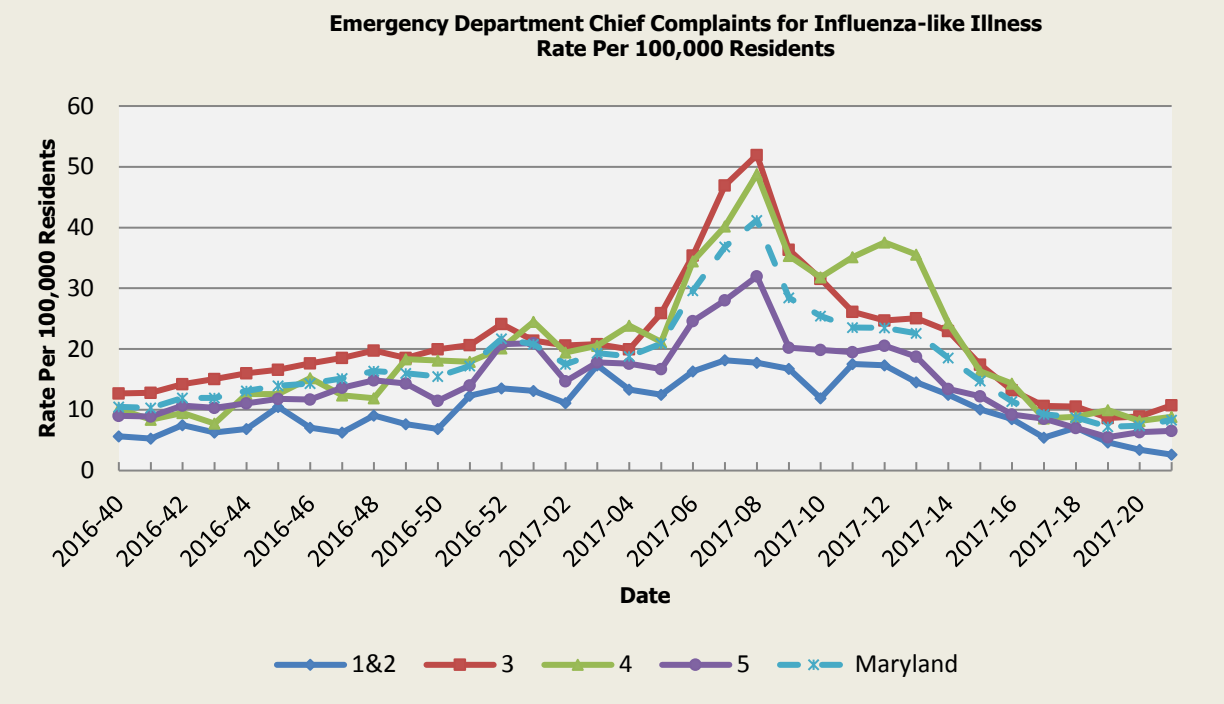
Condition	Counts of Reported Cases‡					
	May			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	**2017**	**Mean***	**Median***	**2017**	**Mean***	**Median***
Aseptic meningitis	0	2.2	2	103	154.2	151
Meningococcal disease	0	0	0	2	3	2
Measles	0	0	0	3	3.2	2
Mumps	0	0.6	1	16	31.8	10
Rubella	0	0	0	1	2.6	2
Pertussis	0	3	3	89	127.4	120
Foodborne Diseases	**2017**	**Mean***	**Median***	**2017**	**Mean***	**Median***
Salmonellosis	3	12.4	12	234	287.4	272
Shigellosis	0	2.6	3	89	81.6	92
Campylobacteriosis	3	10.2	10	264	269.8	269
Shiga toxin-producing Escherichia coli (STEC)	1	2.4	2	53	52.4	48
Listeriosis	0	0.2	0	9	4	4
Arboviral Diseases	**2017**	**Mean***	**Median***	**2017**	**Mean***	**Median***
West Nile Fever	0	0.2	0	0	1.2	1
Lyme Disease	14	62	65	941	900	798
Emerging Infectious Diseases	**2017**	**Mean***	**Median***	**2017**	**Mean***	**Median***
Chikungunya	0	0	0	0	1.6	0
Dengue Fever	0	0.4	0	6	10.6	8
Zika Virus***	0	0.2	0	1	4.8	4
Other	**2017**	**Mean***	**Median***	**2017**	**Mean***	**Median***
Legionellosis	0	1	1	80	53.8	51

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health and Mental Hygiene; 2017. ‡ Counts are subject to change *Timeframe of 2011-2017**Includes January through current month. *** As of June 09, 2017, the total Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection for 2017 is 31.

201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

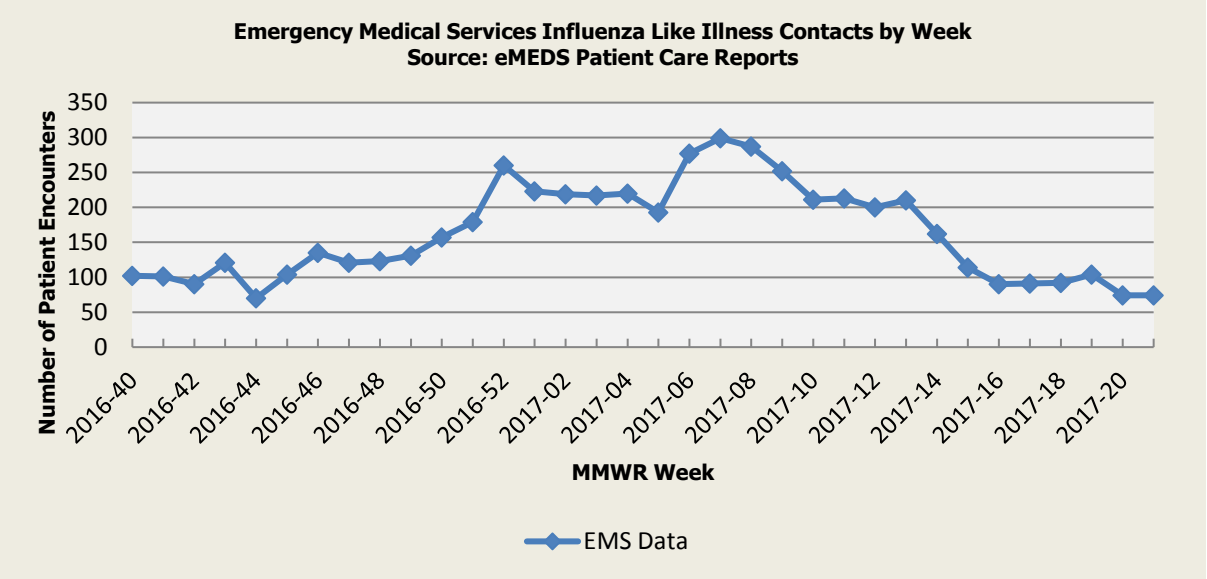
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May).



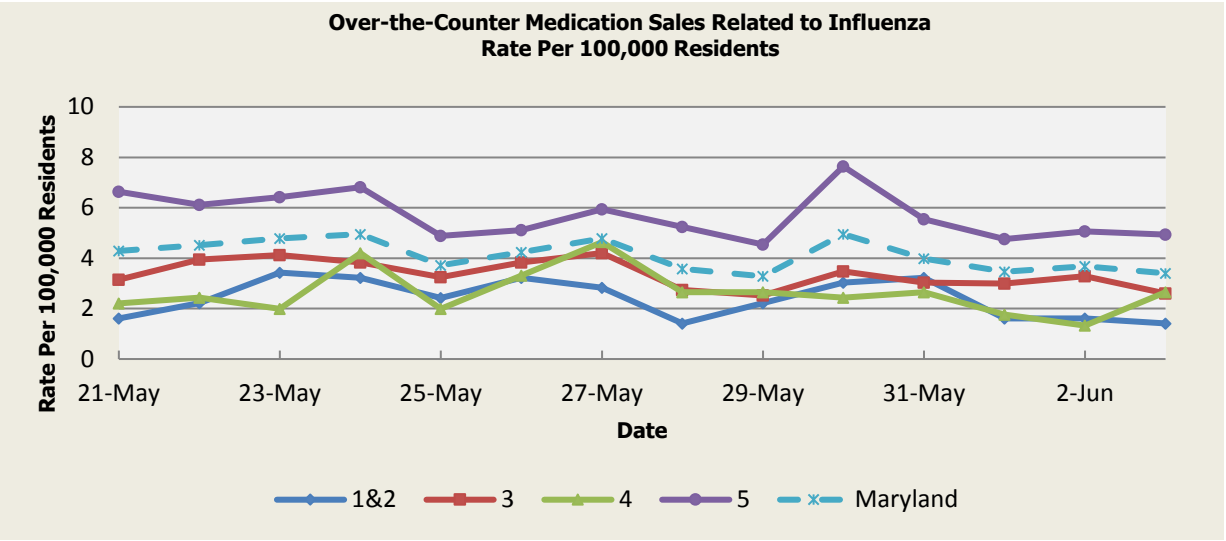
	Influenza-like Illness Baseline Data Week 1 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	207.15	276.66	253.84	239.93	255.09
Median Rate*	7.66	9.63	9.05	8.51	9.00

* Per 100,000 Residents



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

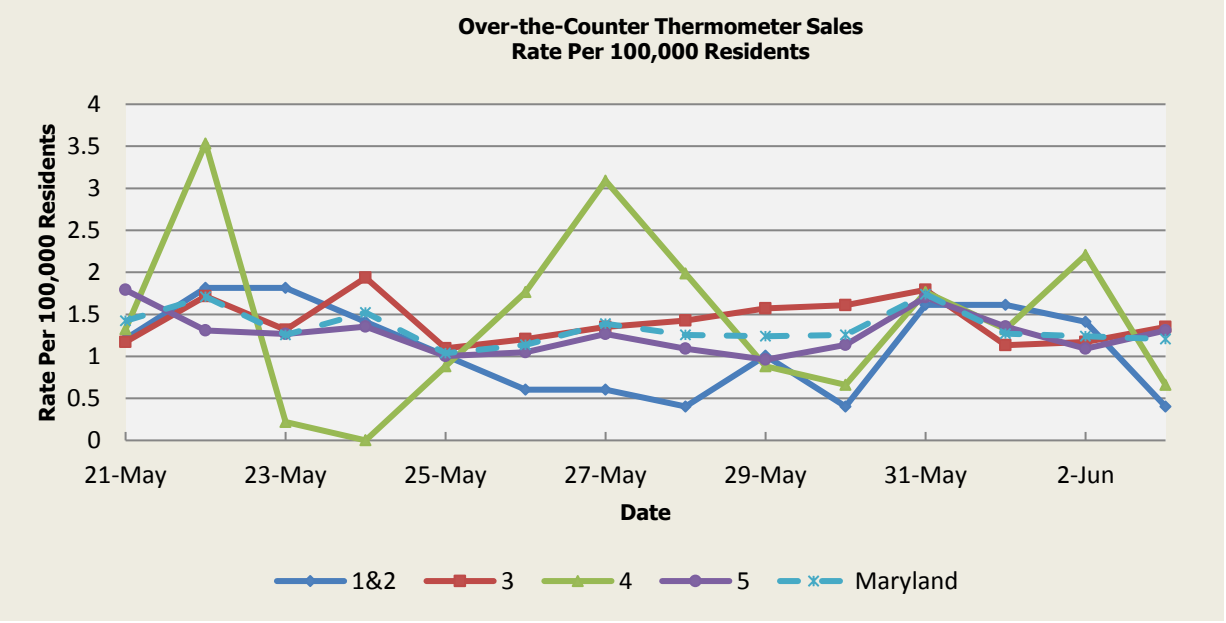
201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov



There was not an appreciable increase above baseline in the rate of OTC medication sales during this reporting period.

	OTC Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.77	4.91	2.73	8.45	6.01
Median Rate*	3.23	4.38	2.43	8.03	5.52

* Per 100,000 Residents



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

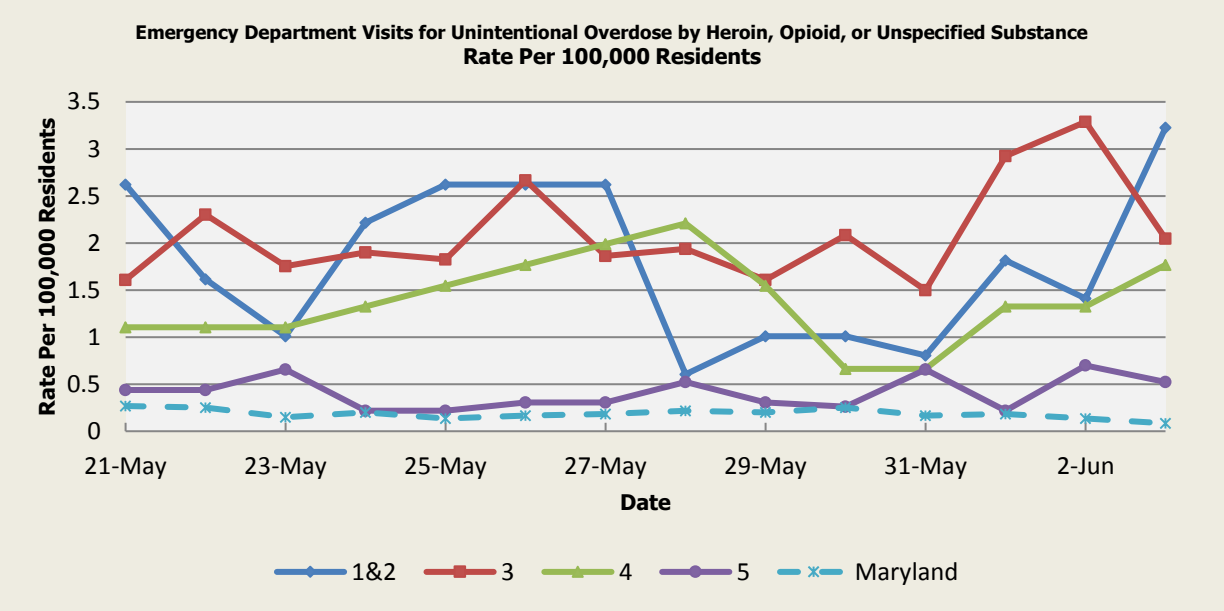
	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.37	3.23	2.50	4.32	3.61
Median Rate*	3.02	3.03	2.43	4.06	3.36

* Per 100,000 Residents

201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

SYNDROMIC OVERDOSE SURVEILLANCE

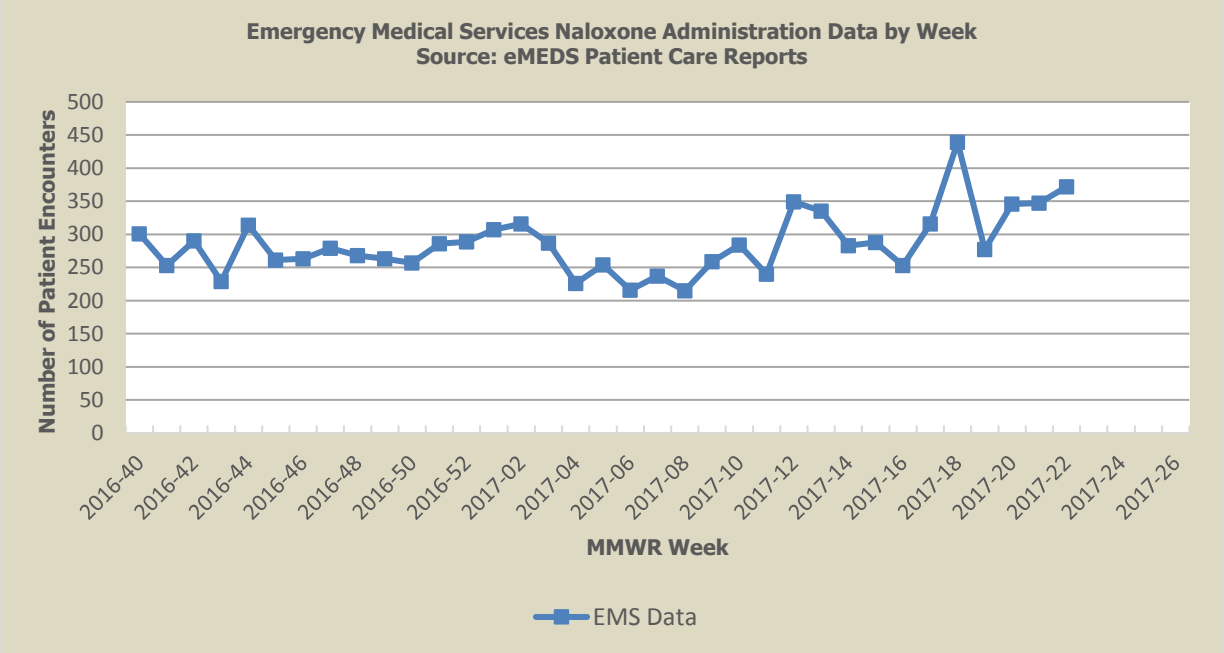
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

	Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.33	0.42	0.37	0.15	0.30
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of May 16, 2017, the WHO-confirmed global total (2003-2017) of human cases of H5N1 avian influenza virus infection stands at 859, of which 453 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA:

H5N5 AVIAN INFLUENZA (NETHERLANDS), 1 June 2017, Highly pathogenic influenza A H5N5 was confirmed in two wild geese *(Anser anser domesticus*) found in a district of the city of Utrecht. Read More: http://www.promedmail.org/post/5077253

AVIAN INFLUENZA (LUXEMBOURG) 2 June 2017, A bird flu outbreak has been confirmed at 3 poultry farms in Luxembourg. The virus was detected at farms in Keispelt, Niederfeulen and Schrassig. To limit the spread of the disease to other farms, the transport of live poultry has been banned for a week. Read More: http://www.promedmail.org/post/5080342

H5N8 (ZIMBABWE) 3 June 2017, The affected farm has 8 separately managed sites which are at least 1km [0.62 mi] apart. One of the 8 sites was affected, a parent breeding unit for broilers with 83,000 birds. A total of 3045 birds died within a week at this site showing signs consistent with highly pathogenic avian influenza. The affected site is close to a small dam where there are a number of different migratory waterfowl, which are tentatively suspected to be source of infection. Read More: http://www.promedmail.org/post/5079797

H5N8 (BELGIUM) 3 June 2017, In Belgium, permanent biosecurity measures are in place in the higher risk areas (resting places and/or areas with a high density of migratory birds), so as to avoid any contact between domestic poultry and wild birds. Read More: http://www.promedmail.org/post/5081763

H5N8 (ENGLAND) 4 June 2017, The United Kingdom's deputy chief veterinary officer has confirmed H5N8 avian flu in a small flock of chickens and geese at a premises near Diss, South Norfolk. A 3-km protection zone and a 10-km surveillance zone have been put in place around the infected premises to limit the risk of the disease spreading. Read More: http://www.promedmail.org/post/5083412

H5N8 (SOUTH KOREA) 5 June 2017, Signs of a resurgence of bird flu avian influenza, AI are rapidly spreading across South Korea, triggering concerns over yet another possible round of the massive slaughter of poultry and ensuing hikes in egg prices. The announcement came in response to a report by an owner of a small backyard farm Fri 2 Jun 2017 after 8 of his chickens died. All sales of live poultry here are also banned until further notice starting Mon 5 Jun 2017. Read More: http://www.promedmail.org/post/5084212

201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

HUMAN AVIAN INFLUENZA:

H7N9 (CHINA) 3 June 2017, According to the CDC of the Inner Mongolia Municipality, a male patient from Wuyuan county of Bayannur city of inner Mongolia municipality tested postive for H7N9. Considering the clinical symptoms, epidemiological investigation and lab test results, he was diagnosed as the 1st human case of H7N9 avian influenza [AIV] in inner Mongolia municipality. Read More: http://www.promedmail.org/post/5081255

NATIONAL DISEASE REPORTS

VIBRIO VULNIFICUS (MISSISSIPPI), 1 June 2017, A spokesperson for Singing River Hospital in Pascagoula, Mississippi confirms they've seen their 1st positive case of *Vibrio vulnificus* this season. The organism is often referred to as the 'flesh-eating bacterium' because it can cause necrotizing wounds on the skin that can lead to amputation or in the most severe cases, loss of life. According to a close friend, the patient was fishing near Souix Bayou over the weekend when he accidentally stuck himself with a shrimp. Several hours later he was taken to the hospital with a high fever, pain, and swelling in his finger. Mark Bryant of the Mobile County Health Department said they haven't seen any water-related cases in Mobile County yet, only 2 minor food-related cases. Read More: http://www.promedmail.org/post/5076695

POWASSAN VIRUS ENCEPHALITIS (MAINE) 1 June 2017, Two residents of midcoast Maine are recovering from the Powassan virus, a rare but life-threatening illness spread by a tick bite. The Maine Center for Disease Control and Prevention said in a news release, that it was notified of the two cases last week. The two adults became ill in late April [2017] and were hospitalized with encephalitis, or inflammation of the brain, caused by the virus. Both have since been discharged, the CDC said. Read More: http://www.promedmail.org/post/5077456

PLAGUE (NEW MEXICO) The state Department of Health has reported the 1st human case of plague in New Mexico in 2017. Health officials say a 63-year-old Santa Fe County man is currently hospitalized with the bacterial disease. They are conducting an environmental investigation at the man's home to look for ongoing risk and ensure the health of his immediate family and neighbors. Health Department staff also is going door-to-door near the man's home to inform them about plague found in the area and educate them on reducing their risk. Plague generally is transmitted to humans through the bites of infected fleas, but can be transmitted by direct contact with infected animals including rodents, wildlife and pets. So far there have been 10 dogs and 5 cats with confirmed plague in New Mexico in 2017. Read More: http://www.promedmail.org/post/5087671

DRUG USE – POTENTIALLY LETHAL UNKNOWN SUBSTANCE (GEORGIA) 8 June 2017, The Georgia Department of Public Health (DPH) has become aware of a dangerous, potentially lethal substance contained in street drugs surfacing in central and South Georgia. Dozens of patients have been hospitalized and there are reports of deaths that may be associated with the drugs, but confirmation is pending. The overdoses have been reported over a 48-hour period in Centerville, Perry, Macon-Warner Robins, and Albany, but the drugs may also be sold on the street in other areas of the state. Patients reportedly purchased yellow pills alleged to be Percocet, an opioid pain medication. The substance has not yet been identified but it is extremely potent and has required massive doses of naloxone (Narcan) to counteract its effects. Testing is being done to identify the pills and the ingredients. Read More: http://www.promedmail.org/post/5091370

ROCKY MOUNTAIN SPOTTED FEVER (INDIANA) 8 June 2017, A tick bite may have led to the death of a young Indiana girl who fell dangerously ill in a matter of days last week [week 29 May to 4 Jun 2017], family members said. WTHR reports that a 2-year-old, of Plainfield, died [Sun 4 Jun 2017], after her family suspected she was infected with Rocky Mountain Spotted fever [RMSF] following a tick bite during a camping trip. Family members said it took only 1 week for the girl's health to deteriorate. "Within less than like 5 days," a family friend said, who was asked to speak on the grieving family's behalf, told WTHR. "Her little body couldn't handle it." Read More: http://www.promedmail.org/post/5092709

201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

INTERNATIONAL DISEASE REPORTS

BRUCELLOSIS (RUSSIA), 1 June 2017, An outbreak of brucellosis involving 2 villages in the Novokhopersky district, Voronezh oblast, in western Russia has affected 84 sheep and goats from farms totaling more than 500 animals, according to a vestivrn.ru report (computer translated). In addition, at least one farmworker has been infected. The farms have been quarantined. Inspectors of the Rosselkhoznadzor caution the public not to drink fresh milk or eat homemade cheese. Read More: http://www.promedmail.org/post/5075104

TUBERCULOSIS (SYRIA), 1 June 2017, A medical source from the Syrian city of Hama revealed to The New Arab the presence of an increased number of cases of tuberculosis and the resulting deaths in both Hama and northern Syrian regions. The internal medicine doctor, Kamal Al-Taqi, confirmed that the increasing number of deaths due to tuberculosis is because of the increased resistance to the treatment. He added that most of the patients are children and elderly. Read More: http://www.promedmail.org/post/5076691

DENGUE (ASIA, PACIFIC, AFRICA) 3 June 2017, More than 136 000 cases of dengue fever, the world's fastest spreading tropical disease, have been confirmed so far this year [2017], with the highest concentration of cases in and around the capital Bangkok and in the northern province of Chiang Mai. - 126 fatalities so far this year [2017], health experts said on [Thu 25 May 2017], pointing to climate change as a factor behind the spike in cases. Read More: http://www.promedmail.org/post/5081200

HANTAVIRUS (CHILE), 4 June 2017, A 44 year old farmer resident of the Laja community became the 3rd death due to [a] hantavirus [infection] so far this year [2017] in the Bio Bio region. The man became infected in an area near to Santa Elena, where he became seriously ill, adding to the other 2 victims from Arauco province, stated the Health SEREMI [Secretaria Regional Ministerial de Salud; local ministerial unit]. These numbers represent a higher incidence of fatalities in comparison to the previous year [2016], indicated the epidemiologist Andrea Munoz, who stated that to date 14 cases in the area have been confirmed with 3 fatalities. Read More: http://www.promedmail.org/post/5082191

MERS COV (SAUDI ARABIA) 4 June 2017, There have been a total of: 1619 laboratory-confirmed cases of MERS-CoV infection, including 665 deaths [reported case fatality rate 41.1 per cent], 942 recoveries, and 12 currently active cases. Read More: http://www.promedmail.org/post/5082194

ANTHRAX (BANGLADESH) 5 June 2017, At least 25 people have been confirmed as infected with anthrax in Pabna's Bhangpur upazila sub district, Rajshahi Division after eating contaminated meat. All of them are involved in cattle trading. One person died at Rajshahi Medical College Hospital. Anthrax is a potentially deadly infectious disease caused by exposure to the bacterium *Bacillus anthracis*. The bacterium most commonly affects hoofed animals, but people who come in contact with the spores can also become infected. Infected people suffer fever, severe pain, and swollen tissues, often with lesions. The disease can be deadly if not treated immediately. Read More: http://www.promedmail.org/post/5084952

RIFT VALLEY (MAURITANIA) 5 June 2017, A suspected case of Rift Valley fever (RVF) was discovered at the Nouakchott Hospital Center. The patient is a 37-year-old Mauritanian. He was isolated upon his arrival at the hospital after the 1st medical tests revealed the existence of fever. Further in-depth analyzes are required for confirmation. The Mauritanian health authorities have often denied the existence of the virus in its 1st appearances. Read More: http://www.promedmail.org/post/5085590

CRIMEAN-CONGO HEMORRHAGIC FEVER (PAKISTAN) 5 June 2017, Four days after a suspected outbreak claimed five lives in Karak, authorities are still clueless as to what exactly the disease is. Health experts in the region are divided over what the disease is. Some suspect it to be an outbreak of Acute Watery Diarrhea (AWD) while others, after visiting the affected areas, believe that it is a strain of the Crimean-Congo hemorrhagic fever (CCHF). Cases of the still mysterious disease were 1st reported on 30 May 2017. But doctors sat up and took notice when on 4 Jun 2017, 2 cases were reported from Lakki Marwat district. Different teams of medical experts from the area and the health department in Peshawar were dispatched to Karak and Lakki Marwat to probe the issue. Read More: http://www.promedmail.org/post/5085516

201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

SHIGELLOSIS (VIETNAM) 6 June 2017, One person has died and 60 people have reportedly been hospitalised in the dysentery outbreak in the northern mountainous province of Lai Chau. Although the outbreak has been under control, the risk of a reoccurrence is high. Report from the health clinic in Phong Tho District's Ma Ly Chai Commune showed that the 1st cases of dysentery were reported in late February [2017] with typical symptoms such as fever, stomach pain, and diarrhea. Read More: http://www.promedmail.org/post/5086901

LASSA FEVER (WEST AFRICA) 7 June 2017, Four suspected cases of Lassa fever with one laboratory confirmed and 2 deaths (CFR [case fatality rate], 50.0 percent) were reported from 4 LGAs [local government areas in week 20, 2017, compared with zero during the same period in 2016. Read More: http://www.promedmail.org/post/5088880

201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the DHMH website:
http://phpa.dhmh.maryland.gov/influenza/fluwatch/Pages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.dhmh.maryland.gov
****

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:
Office of Preparedness and Response, Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202, Baltimore, MD 21201
Fax: 410-333-5000

Anikah H. Salim, MPH, CPH
Biosurveillance Epidemiologist
Office: 410-767-2074
Email: Anikah.Salim@maryland.gov

Jessica Goodell, MPH
Temporary Epidemiology Field Assignee, CDC
Office: 410-767-6745
Email: Jessica.Goodell@maryland.gov

Adejare (Jay) Atanda, BDS, MPH, CPH
Biosurveillance Epidemiologist
Office: 410-767-5668
Email: Adejare.Atanda@maryland.gov

Kamilla Keldiyarova
Intern
Office of Preparedness and Response
Email: Kamilla.Keldiyarova@maryland.gov

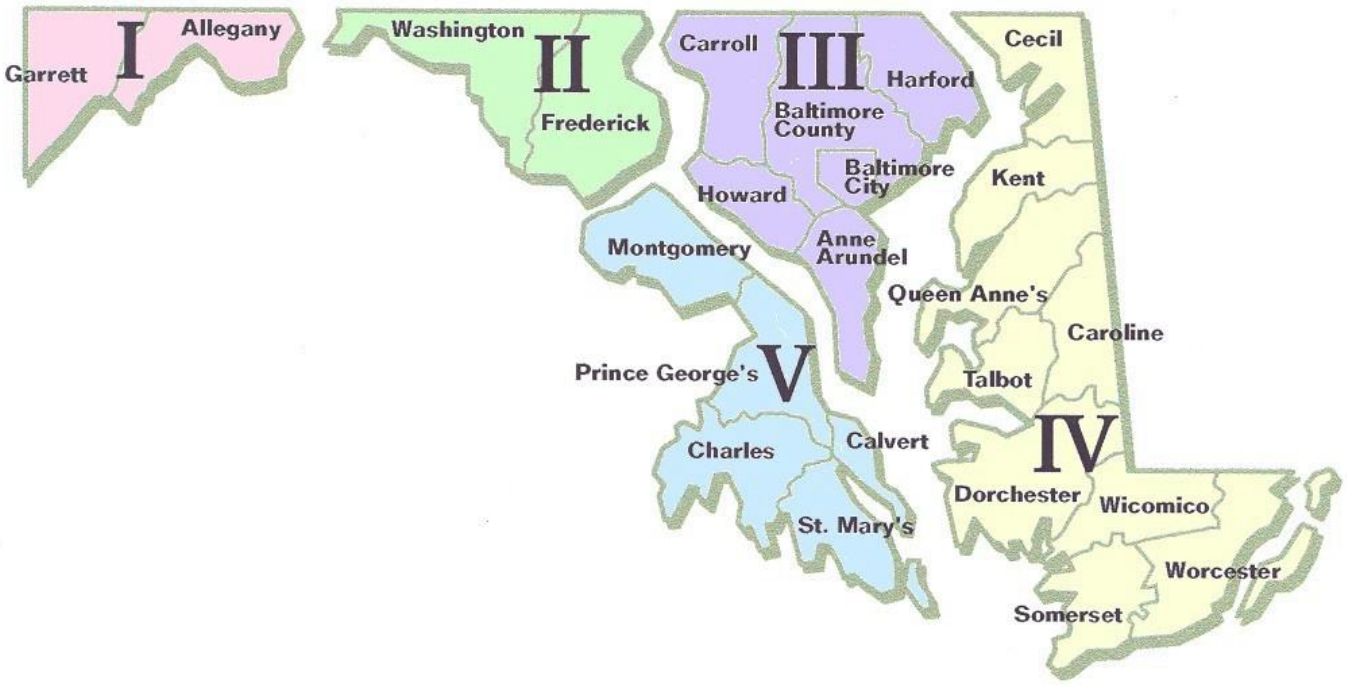
Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County



201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov